

FILED SEP 17 1943

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Sikeston mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sikeston General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day  
In this community 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Virginia Lee York

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased July 28 - 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 10 hr. min.

9. Birthplace Sikeston mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER  
12. Name Dora York  
13. Birthplace New Madrid Co. mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Truesdell  
15. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Master  
(b) Address Sikeston mo

17. (a) Burial (b) Date thereof July 30, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston mo

18. (a) Signature of funeral director Orville Taylor  
(b) Address Sikeston mo

19. (a) 8-23-43 (b) Louis Berquist  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Sikeston 072  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rte 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from July 28  
43, 19, to July 29, 1943  
that I last saw her alive on July 29 - 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Premature separation of Placenta

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Howard M. Spindler M.D. or other) Address Sikeston mo Date signed 8-23-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

70  
5  
2

RECEIVED

District Health Office No. 2,

District File Number 943-1165

Date Filed 9-13-43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**